



ORDER FORM 1

PAYMENT INFORMATION



DO NOT WRITE IN THIS BOX
 JOB # _____
 ACCT# _____
 MAIL DATE _____

Primary Contact _____ Title(s) _____
 Additional Participant _____ Title(s) _____
 Broker Dealer _____
 Company _____
 Address _____ Suite/Bldg. _____
 City _____ State _____ Zip _____
 Phone # _____ Fax # _____ Cell Phone # _____
 E-mail _____
 Company website address: _____
 Planner's Assistant Name _____ Phone # _____

YOUR REQUIRED PAYMENT INFORMATION:
FULL PAYMENT MUST BE RECEIVED AT RME 5 DAYS IN ADVANCE OF MAIL DATE

Number of pieces mailed	Rate per piece	Total

Florida Residents must add Sales Tax of 6% PLUS your County Surtax.

Make Check payable to: Response Mail Express Attn: Jennifer Lowery
PO Box 261237, Tampa, FL 33685-1237

Sending Overnight Send to: 4910 Savarese Circle, Tampa, FL 33634

If there are any changes to billing after submitting this completed form, a pre-invoice will be sent for cardholder's signature.

Debit Card: MC Visa **OR** **Credit Card:** MC Visa AMEX Discover Amount: \$ _____
 Card #: _____ Exp. Date: _____ Sec Code: _____
 Actual Cardholder's Name: _____ Signature: _____

Statement Billing Address for Card: Same as above address

If different, please fill out below:

Name: _____ Company: _____
 Address: _____ City: _____ St: _____ Zip: _____

Additional Participant's Payment Information - Fill out only if applicable:

Debit Card: MC Visa **OR** **Credit Card:** MC Visa AMEX Discover Amount: \$ _____
 Card #: _____ Exp. Date: _____ Sec Code: _____
 Actual Cardholder's Name: _____ Signature: _____

Statement Billing Address for Card: Same as above address

If different, please fill out below:

Name: _____ Company: _____
 Address: _____ City: _____ St: _____ Zip: _____

Fax Order Forms to 813-883-3573 or Email to jlowery@responsemail.com
Questions? Call 800-795-2773 Jennifer Lowery x5237



Location Information Sheet

Please choose up to 3 the locations that you wish to use for your consultations.

<p>Check Days That You Are Available To Meet:</p> <p><input type="checkbox"/> Sunday</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p><input type="checkbox"/> Saturday</p>	<p>Restaurant Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____</p> <p>Use Restaurant Logo: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Restaurant Website: _____</p> <p><input type="checkbox"/> Dinner - Meeting Range Time: _____</p> <p><input type="checkbox"/> Lunch - Meeting Range Time: _____</p> <p><small>**Please Note: Lunches Range Between 11am and 3pm. Dinners Range Between 4pm to 8pm</small></p>
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<p>Check Days That You Are Available To Meet:</p> <p><input type="checkbox"/> Sunday</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p><input type="checkbox"/> Saturday</p>	<p>Restaurant Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____</p> <p>Use Restaurant Logo: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Restaurant Website: _____</p> <p><input type="checkbox"/> Dinner - Meeting Range Time: _____</p> <p><input type="checkbox"/> Lunch - Meeting Range Time: _____</p> <p><small>**Please Note: Lunches Range Between 11am and 3pm. Dinners Range Between 4pm to 8pm</small></p>
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PLEASE INDICATE ANY SPECIFIC DATES YOU CAN NOT MEET THAT OVER LAP WITH THE DAYS OF THE WEEK :

**Please Note: Unless blocked, prospects will try to book appointments on holidays.

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ORDER FORM 3



Prescreening Questions

IMPORTANT: This will give you a better understanding of your prospect needs before you meet with them. It is your responsibility to get compliance approval for any telephony script prior to mailing. **Adjusting script after a mailing has been executed will incur additional cost.**

Are you an Independent or Captive Advisor?

Independent Captive

*Compliant Script for
Captive Advisors*

Are you currently working with a representative at _____ (Your Company)?

****Please Note:** It is your responsibility to get compliance approval for any telephony script prior to mailing.

Portfolio Question

PLEASE SELECT THE MINIMUM AMOUNT REQUIRED TO SET AN APPOINTMENT

And my last question is in regards to the amount of your current investments and savings: Would you estimate that you have more or less than \$ _____ dollars invested?

DO NOT ASK(Recommended for highest leads to appointment ratio)

****Please Note:** You may have the option to disqualify leads with Telephony service, but RME will not be held responsible for leads that do not book appointments. If a prospect refuses to answer portfolio question, the prospect will be allowed to book an appointment.

Informational Gathering Default Questions

- Is there a particular topic that you would like _____ (Advisor First Name) to discuss with you at the dinner meeting?
- And on a scale of 1 to 5, with 1 being very poor and 5 being excellent, how would you rate your current financial planning situation?
- What is your biggest financial concern at the moment?

Supplemental Questions

(May be exchanged out for any of the default questions above for no additional charge)

- What one thing do you think can be done to improve your current financial plan?
- When do you plan to retire?
- Do you have any IRA's, CD's, Mutual Funds, Stocks or Bond's?
- Do you own a business?
- Do you currently have a Financial Advisor?
- Are you currently using your investments to provide income?

Custom Questions

(May incur additional cost. Custom Scripts may affect the flow of the call and not recommended to maintain operator quality).

- _____
- _____
- _____

EMAIL ADDRESS FOR APPOINTMENT NOTIFICATIONS: _____

If a prospect needs to call you with questions or to change their meeting date or time, please indicate which telephone number you want them to call? **Telephone Number:** (____) _____.

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MAILING LIST RESEARCH



Company: _____ Primary Contact: _____

LIST RESEARCH CRITERIA

Age: _____ to _____ Household Income: \$ _____ OR

\$30K+ \$40K+ \$50K+ \$60K+ \$70K+ \$80K+ \$90K+ \$100K+ \$125K+ \$150K+

SPECIAL FILTERS (May incur additional cost)

- Definite Homeowner Net Worth: \$ _____
- Loan to Value: \$ _____ Income Producing Assets: \$ _____
- Home Value: \$ _____ Phone #'s (Requires SAN #): _____
- Other: _____

ZIPS (We recommend doing an initial radius search for your first list research report.)

- Provide only 1 zip code for Radius Search: _____ 5 Miles 10 Miles 15 Miles 20 Miles
- 25 Miles Out far enough to reach quantity _____ OR Provide exact zip codes from your mailing area:

FINAL LIST ORDER & INSTRUCTIONS

After receiving your List Research, complete your order by circling the zips and quantities on the list research pages or providing instructions in the section below and faxing them back with your completed order forms and invitation text. This constitutes your order.

Final number to mail (Required): _____ (NOTE: Invoicing will occur once final quantity is determined)

Additional List Services: Additions Deletes Corporate Scrubbing Dedupe Request

NOTES/INSTRUCTIONS: _____

NOTE DISCLAIMERS: By placing this order I acknowledge RME is NOT responsible for cross-over mailings between planners. We CANNOT check other zips being mailed and do not offer exclusive territories. Census tracts and other variables that make up a formula compile all major national lists. Lists are NOT 100% accurate because all information and demographics are inferred. Deliverability and accuracy can be anywhere in the 95% to 97% ratio. Lists rarely encompass 100% of the population of the zip codes. Like any other media RME does not guarantee direct mail results.

By placing this order I acknowledge and agree that RME, LLC. does not guarantee response rates, results, or delivery by the USPS. I will not hold RME, LLC. liable for mail which is delayed due to my lack of payment, written approvals or the inability of the USPS to deliver the mail for any reason including weather related delays.

By placing this order as a representative of my company, I/we agree to not duplicate in any way or form the Concierge Consultation Mailing Program, concept or any of its components protected under intellectual property of RME, LLC. ©2009.

Compliance Disclaimer: By placing this order you understand and accept all responsibility for securing all industry related compliance approvals for this promotion and agree to hold RME, LLC. harmless for any and all fines, infractions or violations of the law regarding this direct marketing promotion.

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